DOD HIGHWAY AND BLOW OF FORM	A No. 200 Comments of the Comm
FOR INSTRUCTIONS, SEE BACK OF FORM	FORM
DISCLOSURE SUMMARY PAGE	DR-2 THIDISCLOSURE
OMMITTEE NAME (Must be same as on Statement of Organization) LYON COUNTY REPUBLICAN CENTRAL COMMITTEE	fine Office Use Only 9/22
PORTANT: Indicate type of committee you are reporting for:	Comm. # 1 7 Am 8: 48
Statewide/Logislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate County PAC (6)Belfot Issue/Franchise Committee (7)County/City Central Committee Support State of Candidates	Audited
CANDIDATE COMMITTEES ONLY:]
Candidate Name Political Party	
Office Sought District (if Senate or House)	Ì
	.
Clan 2 K numer 712-472-3813	10-15-2008
GNATURE OF TREASURER (or person filing this report) TELEPHONE	DATE SIGNED
Routine Penalties Due For Late Filed Reports Range from	m \$20 to \$800
E INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:	
M FILING A 7-15-08 to 10-14-08 REPORT FOR AN/A (1) ELECT	ION /(2)NON-ELECTION YEAR.
(report date) Indica	ate one 1
CHECK IF AMENDMENT TO REPORT DATED	al Committees, enter Date of Election
	unty & Local Committees, enter County in Ich Election is held
STATEMENT OF CASH ON HAND	
ASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	3834.60
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	******
	•
	\$ <u>3834.60</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	. 120.40
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below	()
Schedule F: Loan Repayments total (Attach Schedule F)	******
SHON HAND at the end of this reporting period (if final report, balance must	. 2717 20
be zero) (Attach DR-3)	
NPAID BILLS (From Schedule D - Attach Schedule D)	\$
KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	· · · · · · · · · · · · · · · · · · ·
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	
NODDATE COMMITTEES ONLY:	******
PASULTANT BREAKDOWN (Schedule G Attached?)	YESNO
ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schødule H)	•

for	Instructions.	See	Back	af	Form
POF		~~	Production of		

CONTRE	BUTIONS -	MONEY	TAKEN IN

(including candidate's personal funds)

(Wenness) consciones a haracteri solución	_
COMMITTEE NAME (Must be some as on Statement of Organization)]
Lyon County Republican Central Committee	

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE SOARD.

CAUTION: Section 688.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MW/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
	ID#			s	
	CK#	· · · · · · · · · · · · · · · · · · ·			
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	ID#				1
	CK#				
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	ID#	;			
	CIG#				
	ID#				i
	CK#				
	lD#	And the state of t			
	CK#				
			SUB-TOTAL	s	

* Disclosure lew requires condidete committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no femiliei relationship, enter "not applicable" in the relationship column.

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TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHEC	CK THIS BOX IF MOING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Lyon County Republican Central Committee

Rock Rapids, Ia 51246	DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursomont) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9-10-08	9-10-08	СК# 1060	Box 28	Newspaper Add	\$ 88.40
9-10-08 CK# 1062 Box 100 Newspaper Add 32.00 ID# CK# ID# CK# ID# CK# ID# CK# CK# ID# CK# CK#	9-10-08		Vo i đ		Void
CK# ID# CK# ID# CK# CK# CK#	9-10-08	ск# ¹⁰⁶²	Box 100	Newspaper Add	32.00
CK# ID# CK# CK# CK#					
CK# ID# CK#					
CK#				·	
ID#					
CK#					

-	ADD IES TO	- CANDIDATEM 4	CHMUTHER ON V.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowe Code 56.6(3)(i).)

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Page	т.	οŧ	1	

TOTAL (If last page of this schedule)

\$ 120.40